

SERIAL NUMBER 09/167,090	FILING DATE 10/05/1998	CLASS 273	GROUP ART UNIT 3711	ATTORNEY DOCKET NO OBLM-101
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APPLICANT
MARK OBLACK, ISSAQUAH, WASHINGTON.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWINGS 3	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
Verified and acknowledged	_____ Examiner's Name Initials				

ADDRESS
CRAINE ASSOCIATES INC
400 112TH AVENUE NE
SUITE 140
BELLEVUE , WA 98004

TITLE
BALL THROWING APPARATUS AND METHOD

FILING FEE RECEIVED \$**460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processing Ext. of Time) <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit
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SERIAL NUMBER 09/167,090	FILING DATE 10/05/98	CLASS 273	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. OBLM-101
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APPLICANT

MARK OBLACK, ISSAQUAH, WA.

CONTINUING DOMESTIC DATA***
VERIFIED None

MA

371 (NAT'L STAGE) DATA***
VERIFIED None

MA

FOREIGN APPLICATIONS***
VERIFIED

MA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/29/98 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 3	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>MA</u> Examiner's Initials Initials					

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400 112TH AVENUE NE
SUITE 140
BELLEVUE WA 98004

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BALL THROWING APPARATUS AND METHOD

TITLE

FILING FEE RECEIVED \$460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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